

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee			FEC IDENTIFICATION NUMBER ▼ C C00569905		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee RST MARKETING			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 29 / 2015		
Mailing Address 1272 CORPORATE PARK ROAD			Amount 30150.00		
City FOREST	State VA	Zip Code 24551-2277	Transaction ID : SE24.231		
Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 29 / 2015		
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		1030701.41	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee ZIP MAILING SERVICES, INC.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 29 / 2015		
Mailing Address 6304 SHERIFF RD. STE Z			Amount 50400.00		
City LANDOVER	State MD	Zip Code 20785-4361	Transaction ID : SE24.75		
Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 29 / 2015		
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		1081101.41	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			80550.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Robert Frank		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 12 / 28 / 2015	

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB
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Form/Schedule: SE
Transaction ID : SE24.231

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$591.18 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE
Transaction ID: SE24.75

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$988.24 has been allocated equally to each of the remaining schedule primary elections.